

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045037

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 43

Primary Registration District No. 3002

Registrar's No. 1234

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6128

30120

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125-0

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JAN 7 1963

1. PLACE OF DEATH

a. COUNTY

BUTLER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN POPLAR BLUFFLength of stay in 1b
13 DAYSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VA. HOSPITALInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY BUTLER

c. CITY OR TOWN NEELYVILLE

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
RT 1. BOX 144Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First LEANDREW

Middle NMN

Last BALLARD

4. DATE OF DEATH

Month 12

Day 31

Year 1962

5. SEX
MALE6. COLOR OR RACE
NEGRO7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
11-3-289. AGE (last birthday)
34IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
CIVIL SERVICE10b. KIND OF BUSINESS OR INDUSTRY
CIVIL SERVICE11. BIRTHPLACE (City and state or country)
HETTH, ARK12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

NOAH BALLARD

13b. MOTHER'S MAIDEN NAME

ALBERTA JOHNSON

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, or unknown) YES KOREAN

16. SOCIAL SECURITY NO.

17. INFORMANT Address
VA. HOSPITAL RECORDS, POPLAR BLUFF, MO.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

LIVER FAILURE

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

BILIARY OBSTRUCTION

DUE TO (c)

CARCINOMA HEAD OF PANCREAS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

MALNUTRITION

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from DEC. 18, 1962 to DEC. 31, 1962 and last saw him alive on
Death occurred at 11:55AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

DAVID H. MILLER M.D. Pathologist

22b. ADDRESS

VA. HOSPITAL, POPLAR BLUFF, MO.

22c. DATE SIGNED

12-31-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

1-6-63

23c. NAME OF CEMETERY OR CREMATORY

Neelyville Cem. Neelyville.

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

Current Funeral Home.

25. DATE RECD. BY LOCAL REG.

1-4-1963

26. REGISTRAR'S SIGNATURE

Shelma Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JAN 9 1963

JAN 22 1963
JAN 18 1963

MAY 9 1963

AUG 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gene H. Parent

Licensed Embalmer No.

4809

P. O. Address

Wayler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.